

Reporting Period:  
Calendar Year 2002

## Profile of Mental Health and Substance Abuse Services in Medicaid Managed Care

The Department of Health and Family Services works closely with participating health maintenance organizations (HMOs) to assure that necessary services are provided to enrollees. Monitoring the level of services delivered by each HMO provides the Division of Health Care Financing with an estimate of enrollee access to needed services, and provides the HMOs with information that permits targeting of resources to reach population(s) that may not have optimal service utilization. This health profile is one component of the overall monitoring system.

The Department of Health and Family Services estimates that approximately 5.7% of the non-institutionalized adult population in Wisconsin have a severe mental illness.<sup>1</sup> National statistics indicate that about one in five Americans experiences a mental disorder in the course of a year.<sup>2</sup> Approximately 15% of adults who have a mental disorder also experience a co-occurring substance (alcohol or other drug) use disorder.<sup>3</sup> In Wisconsin, there are approximately 62,000 children between the ages of 9 and 15 with severe emotional disturbances.<sup>4</sup>

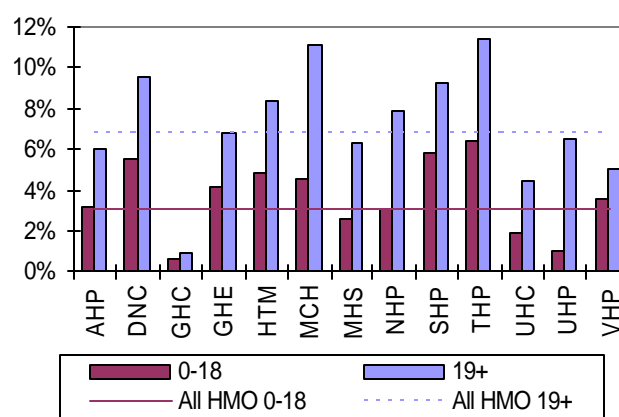
Unless otherwise noted, this health profile information was calculated using Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)<sup>5</sup> performance measures applied to HMO-submitted encounter data and other Division sources such as Medicaid eligibility data and fee-for-service claims data. Additional mental health (MH) and substance abuse (SA) services may be provided informally in community settings (such as self-help groups and charity-based programs) without an encounter record being generated. For this reason, the following charts may under-represent the actual care provided to Medicaid managed care enrollees.

In the charts that follow, the 13 participating Medicaid HMOs are represented by a three letter abbreviation as noted in the key on page 2.

### Evaluations

It is essential that enrollees with MH and/or SA diagnoses are able to access care. Providing enrollees with MH/SA evaluation services is key to appropriate diagnosis, access to treatment and ongoing care management. As a percent of all enrollees (not just those with MH/SA diagnoses), 3.1% of children (0-18) and 6.7% of adults (19+) received MH/SA evaluations during calendar year (CY) 2002. HMO-specific rates are displayed in Chart 1.

Chart 1: Percent of Enrollees with MH/SA Evaluations (CY 2002)



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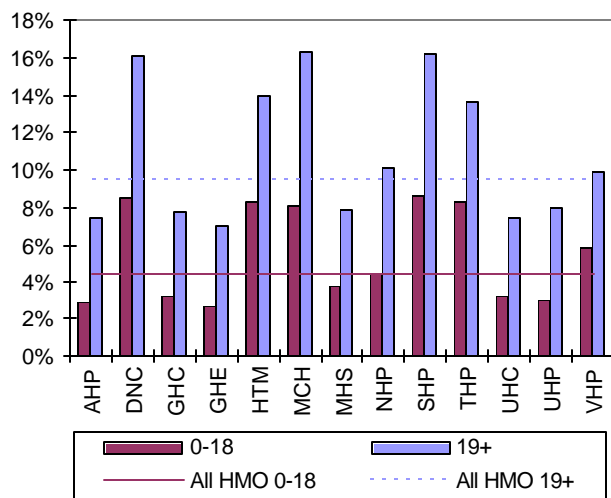
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<sup>1,4</sup> Onsager, Y., Stoller, J. and Carabell, R. *Services for Persons with Mental Illness*. Wisconsin Legislative Fiscal Bureau, Informational Paper 50, January 2003.

<sup>2,3</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<sup>5</sup> The MEDDIC-MS measure specifications are available from the Division's Bureau of Managed Health Care Programs.

**Chart 2: Percent of Enrollees with MH Outpatient Treatment by MH Professionals (CY 2002)**



## Day/Outpatient Treatment

Most care for MH and SA conditions is provided on an outpatient basis making access to MH/SA providers in the outpatient setting important in managed care service delivery.

Chart 2 shows the rate at which HMO enrollees receive outpatient MH services from MH professionals. (The chart does not include services provided by primary care providers.) The all HMO rate for adults (ages 19+) is higher than the rate for children (ages 0-18); 9.5% vs. 4.4%, respectively. This may be due to a variety of reasons. For example, some types of mental illness are more likely to emerge in adulthood. Also, the 0-18 age group includes many very young children; it is unusual for very young children to be treated by a MH professional.

Overall, 0.5% of enrollees aged 19+ received SA services from SA professionals in CY 2002. A lower percent, 0.04%, of children aged 0-18 received SA services from SA professionals in CY 2002. The lower rate of service delivery in the 0-18 age group is likely due to the low prevalence of SA in children.

## Provider Satisfaction with HMO/Gatekeeper Authorization Process

In the spring of 2003, the Division conducted a survey of clinicians who provide MH/SA services to Medicaid recipients. The purpose of the survey was to learn the providers' perspective regarding the process of obtaining authorization for MH/SA services from HMOs and/or their gatekeepers. The survey was prompted by anecdotal reports that the HMO authorization process was a barrier to treatment access. Overall, the survey concluded that the anecdotal reports that prompted the survey were not supported as a widespread phenomenon. Selected findings follow.

- Authorization request responses were timely. Fifty-three percent of requests were responded to in 3 days or less and 76% were responded to in less than a week.
- Denials of proposed care were infrequent. Denials of requests were said to occur rarely or never by 75% of respondents.
- Seventy-seven percent of respondents said the HMO/gatekeeper's paperwork requirements were somewhat or very compatible with the records they already keep and 69% percent said the authorization process was very clear.
- In general, HMO/gatekeepers could be more positively engaged with providers and in particular, increase their knowledge of available community resources, especially rural communities. Sixty-eight percent said their HMO/gatekeeper rarely or never helped them find other sources of care when they were needed. Only 14% said their HMO/gatekeeper had sent them information about available community resources.

## HMO Abbreviations and Names

AHP—Atrium Health Plan

DNC—Dean Health Plan

GHC—Group Health South Central

GHE—Group Health Eau Claire

HTM—Health Tradition Health Plan

MCH—MercyCare Insurance

MHS—Managed Health Services

NHP—Network Health Plan

SHP—Security Health Plan

THP—Touchpoint Health Plan

UHC—UnitedHealthcare

UHP—Unity Health Insurance

VHP—Valley Health Plan